

PROTOCOL CODE: SCCRS

(Page 1 of 2)

DOCTOR'S ORDERS	Weight _____
REMINDER: Please ensure drug allergies are documented on the Allergy & Alert Form	
DATE:	Treatment Date:
<p>Clinical symptoms indicative of cytokine release syndrome (CRS) are fever, rigors, hypotension and hypoxemia. Signs and symptoms may also include but are not limited to: tachycardia, tachypnea, dyspnea, nausea, vomiting, diarrhea, mental status changes, transaminitis, fatigue, malaise, myalgias, headache, rash</p> <p>Patients must be closely monitored for early signs and symptoms indicative of CRS.</p> <p>Page the admitting or covering physician at the first signs of CRS – temperature greater than or equal to 38°C, hypotension (SBP less than 100mmHg or greater than 20mmHg drop from baseline), hypoxia (O2 sat less than 92%) or any significant change in their clinical status.</p> <p>Agent administered: _____ Time of administration: _____</p> <p>Admitting Physician: Dr. _____ Contact Number: _____</p> <p>Daytime Covering Physician: Dr. _____ Contact Number: _____</p> <p>Overnight Covering Physician: Dr. _____ Contact Number: _____</p>	
<p>CRS Management:</p> <p>If systolic blood pressure less than 100 mmHg or if greater than 20 mmHg drop from baseline, start fluid order below and notify physician:</p> <p><input checked="" type="checkbox"/> NaCl 0.9% _____ mL IV fluid bolus over _____ minutes</p> <p>Any grade</p> <p><input checked="" type="checkbox"/> Oxygen to maintain oxygen saturation above 92%</p> <p><input checked="" type="checkbox"/> acetaminophen 650 mg to 975 mg PO q4h prn</p> <p><input checked="" type="checkbox"/> diphenhydrAMINE 50 mg IV q4h prn</p> <p><input checked="" type="checkbox"/> metoclopramide 10 mg PO/ IV q4h prn</p> <p><input checked="" type="checkbox"/> ondansetron 8 mg PO/ IV q8h prn</p> <p><input type="checkbox"/> NaCl 0.9% _____ mL IV fluid bolus over _____ minutes or <input type="checkbox"/> NaCl 0.9% IV at _____ mL/h</p>	
<p>Grade 1: Fever without hypotension or hypoxia</p> <p>Hold infusion until CRS symptoms resolve.</p> <p>Once resolved, may restart infusion as per specific drug protocol.</p> <p>Page the admitting physician or covering physician if not already done</p> <p>Monitor for CRS symptoms including vital signs and pulse oximetry at least Q1H for 12 hours or until resolution of symptoms, whichever is earlier</p>	
DOCTOR'S SIGNATURE:	SIGNATURE: UC:

PROTOCOL CODE: SCCRS

(Page 2 of 2)

DATE:

Grade 2: Fever with hypotension responsive to fluids and/or hypoxia requiring low-flow oxygen

Discontinue current infusion and do not restart.

Page the admitting physician or covering physician if not already done.

Vital signs and pulse oximetry at least Q1H, and more frequently if necessary, until resolution of CRS symptoms.

If required:

☐ **tocilizumab 8 mg/kg** x _____ kg = _____ mg (**maximum 800 mg**) IV in 100 mL NS over 1 hour.

May repeat Q8H based on clinical assessment (maximum 3 doses in 24 hours, 4 doses total)

☐ **dexamethasone 10 mg** IV Q6H

OR ☐ **methylPREDNISolone 125 mg** IV once

☒ **salbutamol** 5 mg nebule for inhalation by nebulizer every 20 minutes PRN

☐ Other: _____

Draw the following labs

☒ CBC & Diff, electrolyte panel, creatinine, ALT, alkaline phosphatase, LDH, bilirubin, lactate, CRP, INR, PTT, fibrinogen. Other labs: _____

☐ Repeat above labs Q4H and prior to discharge (if any abnormalities)

☐ Chest x-ray

☐ Urinalysis with culture

☐ Blood cultures

Grade 3 and Grade 4: Fever with hypotension not responding to fluids and/or hypoxia requiring high-flow oxygen.

Immediately stop infusion.

Vital signs q15 minutes or more frequently as ordered until resolution to Grade 2 or less, then q1h until complete resolution of CRS.

Page the admitting physician or covering physician if not already done.

Arrange urgent transfer to higher level of care.

☐ **tocilizumab 8 mg/kg** x _____ kg = _____ mg (**maximum 800 mg**) IV in 100 mL NS over 1 hour.

May repeat Q8H based on clinical assessment (maximum 3 doses in 24 hours, 4 doses total)

Select one steroid option:

☐ **dexamethasone 10 mg** IV Q6H

OR ☐ **dexamethasone 20 mg** IV Q6H OR ☐ **methylPREDNISolone 1 g** IV daily

If required:

☒ **epinephrine** 1 mg/mL (1:1000) **0.5 mg** IM every 5 minutes PRN (maximum 3 doses)

☒ **salbutamol** 5 mg nebule for inhalation by nebulizer every 20 minutes PRN

☐ Other: _____

Draw the following labs

☒ CBC & Diff, electrolyte panel, creatinine, ALT, alkaline phosphatase, LDH, bilirubin, lactate, CRP, INR, PTT, fibrinogen. Other labs: _____

☐ Repeat above labs Q4H and prior to discharge (if any abnormalities)

☐ Chest x-ray

☐ Urinalysis with culture

☐ Blood cultures

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: